

## UNITED STATES SECURITIES AND EXCHANGÉ COMMISSION WASHINGTON, D.C. 20549

FORM D MAY 2 8 2002

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	ОМВ	APPROVAL					
	OMB Number:	3235-0076					
	Expires:	November 30, 2001					
	Estimated average burden						
1	hours per form.	16.00					

SE	SEC USE ONLY							
Prefix		Serial						
DAT	/ED							

Name of Offering ( check if this	is an amendment and name has c	hanged, and indica	te change.) // 2 426
Navicom Business Solutions, Inc. 2002 Deb			1////267
Filing Under (Check box(es) that apply):	□ Rule 505	☐ Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Am	endment		
	A. BASIC IDENTIFIC	ATION DATA	
1. Enter the information requested about the iss	suer		
Name of Issuer ( check if this is an amendation Navicom Business Solutions, Inc.	ment and name has changed, and	indicate change.)	
Address of Executive Offices	(Number and Street, City, State,	Zip Code)	Telephone Number (Including Area Code)
3600 Minnesota Drive, Suite 500, Edina, MI			(952) 930-0496
Address of Principal Business Operations	(Number and Street, City, State, 2	Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		<b>PROCESS</b>	3ED
Brief Description of Business			
Provider or logistics software and services		JUN 0 4 20	102
		THOMSON	•
Type of Business Organization		FINANCIA	
orporation	limited partnership, alread	ly formed	other (please specify):
business trust	☐ limited partnership, to be	formed	
	Month	Year	
Actual or Estimated Date of Incorporation or Or	ganization: 0 4	9 92 🛛	Actual Estimated
Jurisdiction of Incorporation or Organization: (E	Enter two letter U.S. Postal Service	e abbreviation for	State:
C	N for Canada; FN for other foreig	n jurisdiction)	MN

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by the United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E. and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the for	ollowing:			
<ul> <li>Each promoter of the issuer, if the is</li> </ul>		• •		
<ul> <li>Each beneficial owner having the per the issuer;</li> </ul>	ower to vote or dispose, or	direct the vote or dispositio	n of, 10% or more	of a class of equity securities of
<ul> <li>Each executive officer and director</li> </ul>	of corporate issuers and of c	cornorate general and manag	ving nartners of nar	nershin issuers: and
Each general and managing partner	•	orporate general and manag	ing partitors of part	meromp issuers, and
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name Sust if individual)				
Full Name (Last name, first, if individual) Yngve, Crystal				
	10, 0: 0: 7: 0	1.)		<del>-</del>
Business or Residence Address (Number and		1e)		
3600 Minnesota Drive, Suite 500, Edina,	~ <u> </u>		[2] D	
Check Box(es) that Apply: Promoter	☑ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name, first, if individual)				
Mell, David G.				
Business or Residence Address (Number and	Street, City, State, Zip Cod	le)		
6579 Highway 47, Alborn, Minnesota 55	702			
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name, first, if individual)				
Rowe, Jr., Burt H.				
Business or Residence Address (Number and	Street, City, State, Zip Cod	le)		
1495 Old Highway 98, Destin, Florida 32		,		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name, first, if individual)	<del></del>			
Walden, Jr., John W.				
Business or Residence Address (Number and	Street City State Zin Cod	le)		
1501 Millington Road, Columbus, Georg	· · · · · · · · · · · · · · · · · · ·	,		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(cs) that repply.	Beneficial Switch			Managing Partner
Full Name (Last name, first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Cod	le)	· · · · · · · · · · · · · · · · · · ·	
	, •, , •	,		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or
				Managing Partner
Full Name (Last name, first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Cod	le)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or
				Managing Partner
Full Name (Last name, first, if individual)				
·				
Business or Residence Address (Number and	Street, City, State, Zip Cod	le)		
`	•			
(Use blar	k sheet, or copy and use ad-	ditional copies of this sheet,	as necessary.)	

2 of 8

				B <sub>c</sub> I	NFORMA	TION ABO	OUT OFFE	ERING				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes ⊠	No □		
	Answer also in Appendix, Column 2, if filing under ULOE.									_		
2.	2. What is the minimum investment that will be accepted from any individual?							\$ <u>25</u>	,000			
	Does the offering permit joint ownership of a single unit?								Yes	No		
3.			•	•	-							Ц
4.	Enter the in											
	a person to	be listed is	an associate	d person or	agent of a l	broker or de	aler register	ed with the	SEC and/o	r with a stat	e or	
	states, list the broker or de							nsied are as	ssociated pe	rsons of suc	in a	
Full N	ame (Last nar	me first, if i	ndividual)				•					
N/A	-		·									
Busine	ess or Resider	nce Address	(Number a	and Street,	City, State,	Zip Code)						
Name	of Associated	Broker or	Dealer	<u> </u>	· · · · · · · · · · · · · · · · · · ·							
States	in Which Per	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers	<del></del>		<u> </u>			
(Cł	neck "All Stat	tes" or chec	k individua	ıl States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Last nar	ne first, if i	ndividual)									
Busine	ess or Residen	ce Address	(Number a	and Street, 0	City, State,	Zip Code)						
											·	
Name	of Associated	Broker or	Dealer				,					
States	in Which Per	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers	1					
(Ch	neck "All Stat	es" or chec	k individua	l States)	•••••			•••••				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Last nar	ne first, if i	ndividual)									
Busine	ss or Residen	ice Address	(Number a	ind Street, (	City, State,	Zip Code)		<del></del>			···	
Name :	of Associated	Broker or	Dealer		··							
<u> </u>	110 1 1 5	-		1 7		- 1						
	in Which Pers neck "All Stat											All States
(Cn	All Stat	es or chec	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	····· [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

3 of 8 SEC 1972 (2/99)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEED	S		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		Amo	unt Already Sold
	Debt	\$625,000		\$	0
	Equity	\$N/A		\$	N/A
	Common Preferred				
	Convertible Securities (including warrants)	\$N/A		\$	N/A
	Partnership Interests	\$N/A		<b>\$</b>	N/A
	Other (Specify Warrants (Common Stock)	\$0		<b>\$</b>	0
	Total	\$625,000		\$	0
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Doll	ggregate ar Amount Purchases
	Accredited Investors	5		\$	600,000
	Non-accredited Investors	1		\$	25,000
	Total (for filings under Rule 504 only)	6		\$	625,000
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
		Type of		Doll	ar Amount
	Type of offering	Security		_	Sold
	Rule 505	N/A		\$	
	Regulation A	N/A		<b>S</b>	0
	Rule 504	N/A		\$	.0
	Total			\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	[		\$	
	Printing and Engraving Costs	[	]	\$	
	Legal Fees	_	_ 	s	10,000
	Accounting Fees			s	
	Engineering Fees		_		
	Sales Commissions (specify finders' fees separately)	·	_	\$	
	Other Expenses (identify)		_	 \$	
	Total		_ ব্য	\$	10,000

4 of 8

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSE	ES AN	ND USE	OF PROC	EEDS		
	b. Enter the difference between the aggregate offer Question 1 and total expenses furnished in respondifference is the "adjusted gross proceeds to the issue	ing price given in response to Part C - Question 4.a.	art C - This				<b>\$</b> _	615,000
5.	Indicate below the amount of the adjusted gross probe used for each of the purposes shown. If the a furnish an estimate and check the box to the left of t listed must equal the adjusted gross proceeds to the Question 4.b above.	mount for any purpose is not known the estimate. The total of the pay	nown, ments		ayments to			
				Di	Ófficers, irectors, & Affiliates			Payments To Others
	Salaries and fees		$\boxtimes$	\$	50,000	$\boxtimes$	\$_	50,000
	Purchase of real estate			\$			\$_	
	Purchase, rental or leasing and installation of	machinery and equipment		\$			\$_	
	Construction or leasing of plant buildings and	facilities		\$			\$_	
	Acquisition of other businesses (including the this offering that may be used in exchange another issuer pursuant to a merger)	for the assets or securities of		\$			\$_	
	Repayment of indebtedness					$\boxtimes$	\$	30,000
	Working capital					$\boxtimes$	\$_	200,000
	Other (specify): Marketing			\$		$\boxtimes$	\$_	140,000
	Hardware/Software Development			\$		$\boxtimes$	\$	145,000
	•			\$			\$_	
	Column Totals		$\boxtimes$	\$	50,000	$\boxtimes$	\$_	565,000
	Total Payments Listed (column totals added).				⊠ \$ <u>_</u>	615,0	000	<u> </u>
		D. FEDERAL SIGNATU	JRE					
signatu	uer has duly caused this notice to be signed by the ur re constitutes an undertaking by the issuer to furnish ation furnished by the issuer to any non-accredited inve	to the U.S. Securities and Excha	ange C	ommiss	ce is filed un	ider Rule ritten requ	505, iest (	the following of its staff, the
Issuer	Print or Type)	Signature				Date		
Navico	m Business Solutions, Inc.		V	7		April 1:	5, 20	02
Name	of Signer (Print or Type)	Title of Signer (Print or Type)						
Crystal	Yngve	Chief Executive Officer		-				

# - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)